MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022753
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1726

FILED JUN 11 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	4002		
2	4000	2	
3			
4	O		
5	2		
6			
7	O		
8	1		
9	976X		
10			
11			
12	92-3		
13			

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton
Length of stay in 1b: D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis Co. Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St.Louis
c. CITY OR TOWN: Charlack Village
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2758 Walton Road
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle J. Last SCHAEFFER

4. DATE OF DEATH: Month May Day 27 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 11-10-16

9. AGE (last birthday): 46
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern Prop.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St.Louis,Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William J.Schaeffer

13b. MOTHER'S MAIDEN NAME: Corine Schroeer

14. NAME OF HUSBAND OR WIFE: Late Ava Schaeffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: From 12/23/40 to 6/14/41

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Corine Schaeffer 2500 Goodole

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gunshot wound of head
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.): First shot wife and then himself

20c. TIME OF INJURY Hour 11:10 a.m. Month, Day, Year 5/27/63
Subject found dead

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): bedroom of apt

20f. CITY, TOWN, OR LOCATION: Charlack Village COUNTY: St. Louis STATE: Missouri

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Raymond A. Kane Coroner

22b. ADDRESS: Clayton, Missouri

22c. DATE SIGNED: 6/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Entombment

23b. DATE: 5/31/63

23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Mausoleum

23d. LOCATION (City, town, or county) (State): St.Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS: Kriegshauser West 9450 Olive St.Road

25. DATE RECD. BY LOCAL REG.: 5-29-63

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4533

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.